

Benefits Factsheet

Personal Independence Payment – April 2017

Personal Independence Payment (PIP) is the new disability benefit that will replace Disability Living Allowance (DLA) for adults of working age – that is for people aged 16 – 64. There are no plans to change arrangements for children under the age of 16. They will still claim Disability Living Allowance as normal.

Timetable for Change

People who receive DLA and had reached their 65th birthday before 9 April 2013 will stay on DLA as long as they continue to meet the qualifying conditions. They will not have to make a claim for PIP. For other people the timetable is as follows:

- It is no longer possible for working age people to make new claims for Disability Living Allowance. If a person aged 16 - 64 wants to make a new claim for a disability benefit they can only claim Personal Independence Payment.
- The Department for Work and Pensions (DWP) has said it intends to reassess all existing working age people receiving DLA and transfer them to PIP.
- People whose DLA awards are coming to an end, and some children who are about to reach the age of 16, will find that their DLA will not be renewed and they will be invited to claim Personal Independence Payment. In addition, if people report a change in their circumstances they may face being reassessed for PIP.
- From **October 2015** the Department for Work and Pensions (DWP) started reviewing the remaining DLA claims. This includes people who have 'indefinite' or 'life' awards. People will be invited to make a claim for PIP. If they are successful they will move onto PIP. If they are not successful their DLA will end.
- It is important to telephone and get the PIP form when the letter about changing over is received. If a form is not requested DLA will stop. If the form has been requested the DLA will end 4 weeks after a decision has been made about PIP.

Main features of Personal Independence Payment

- It does not depend on people having National Insurance contributions.
- It is not means tested.
- People have to be 'habitually resident' in the UK and have been here for two out of the last three years.
- PIP has a 'daily living' component for people who have personal care needs. It has a mobility component for people who have problems with getting around.
- A person must have had their problem for at least three months and it must be likely to last for at least another nine months.

How much is PIP?

- The daily living component has two rates – a standard rate at £55.65 per week and an

enhanced rate at £83.10 per week.

- The mobility component has two rates – a standard rate at £22.00 per week and an enhanced rate at £58.00 per week.

How to claim PIP

Initial claims are usually made by telephone – 0800 917 2222. The person is then sent a questionnaire about their care and mobility needs – see below.

Most claimants will have an assessment carried out by a medical assessor employed by a company who are under contract to the DWP. In Cambridgeshire there are two companies providing these assessments – ATOS Healthcare and Capita. Some of the assessments will be carried out at an office near to where the claimant lives while others may be carried out at the claimant's home.

How PIP is assessed

There are 12 'activities' that are used to decide whether somebody can qualify for PIP. The first 10 are for the daily living component and the remaining 2 are for the mobility component. Each activity has a number of 'descriptors' based on the difficulties the person has. Points are awarded according to the difficulty the person has. These descriptors, and more details of the claim process, are shown in a separate factsheet.

To qualify for PIP a person must get the following number of points:

Daily living component

Standard rate – at least 8 points

Enhanced rate – at least 12 points

Mobility component

Standard rate – at least 8 points

Enhanced rate – at least 12 points

Challenging Decisions

People are not able to appeal as soon as they receive a negative decision. Instead they have to ask the DWP to reconsider the decision – this is known as a 'mandatory reconsideration'.

If this fails to change the decision in the claimant's favour then they can appeal. Appeals must be made directly to the Tribunal service, rather than to the DWP. Their appeal must contain a copy of the mandatory reconsideration decision – two copies of this decision will be sent to the claimant.

This factsheet is a general guide. It is not a full statement of the law.